

Sixth  
 UNITED STATES COURT OF APPEALS FOR THE ~~SEVENTH~~ CIRCUIT

This form is available as a fillable version at:

<http://cdn.ca9.uscourts.gov/datastore/uploads/forms/Form4-IFP-Affidavit.pdf>.

**Instructions:** Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

2018 JUL -2 PM 04

Case No. 11-226 Rikos, et al vs P&G

Appellant(s) or Petitioner(s) Pamela Sweeney

v.

Appellee(s) or Respondent(s) Rikos & P&G

### Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. sec. 1746; 18 U.S.C. sec. 1621.

Signed:

Pamela Sweeney

Date:

June 28<sup>th</sup>, 2018

My issues on appeal are:

The Attorney's fees  
are too high.  
The Class should get more.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. (Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.)

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ 0	\$ 0	\$ 0
Self-Employment	\$ <del>11200.00</del> 1200.00	\$ <del>1000</del> 708.00	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and Dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment Payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-Assistance (such as welfare) FOOD SHARE	\$ 640.00	\$ 0	\$ 640.00	\$ 0
Other (specify) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	\$ 0	\$ 0	\$ 0	\$ 0
<b>TOTAL MONTHLY INCOME:</b>	\$ 1200.00	\$	\$	\$

+ 640.00  
(Foodshare)

2. List your employment history for the past two years, most recent employer first.  
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
Self-employed	2672 Mutchler Road MADISON, WISC.	From July 2016 To July 2018	No monthly pay but average for last twelve months is \$1200.00
	53711	From <input type="text"/> To <input type="text"/>	The year before is the same.
		From <input type="text"/> To <input type="text"/>	

3. List your spouse's employment history for the past two years, most recent employer first.  
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
Self Employed ↓	2672 Mutchler Road MADISON, WISC. 53711	From July 2016 To July 2018	No Monthly pay but average for this last year is 708.00
		From <input type="text"/> To <input type="text"/>	prior year average is 800.00
		From <input type="text"/> To <input type="text"/>	
		From <input type="text"/> To <input type="text"/>	

4. How much cash do you and your spouse have? \$ 0

NIA

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
		\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>

*If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.*

5. List the assets, and their values, which you own or your spouse owns. (Do not list clothing and ordinary household furnishing.)

Home	Value
	\$ <u>0</u>
Other Real Estate	Value
	\$ <u>0</u>

Motor Vehicle: Make & Year	Model	Registration #	Value
			\$ <u>0</u>
			\$ <u>0</u>

*Assets continued on next page*

Other Assets	Value
	\$ 0
	\$ 0
	\$ 0

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 0	\$ 0

7. State the persons who rely on you or your spouse for support. (If a dependent is a minor, list only the initials and not the full name.)

Name	Relationship	Age
Erin Sweeney	daughter	15
Michael Sweeney	son	15

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. (Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.)

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)		
- Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 700.00	\$ 800.00
- Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 140.00	\$ —
Home maintenance (repairs and upkeep)	\$ 0	\$ —
Food	\$ —	\$ —
Clothing	\$ 50.00	\$ —
Laundry and dry-cleaning	\$ —	\$ —
Medical and dental expenses	\$ —	\$ —
Transportation (not including motor vehicle payments)	\$ —	\$ —
Recreation, entertainment, newspapers, magazines, etc.	\$ 50.00	\$ —
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's.....	\$ —	\$ —
- Life.....	\$ —	\$ —
- Health.....	\$ —	\$ —
- Motor Vehicle.....	\$ —	\$ —
- Other: <input type="text"/>	\$ —	\$ —
Taxes (not deducted from wages or included in mortgage payments)		
Specify: <input type="text"/>	\$ —	\$ —
Installment payments		
- Motor Vehicle.....	\$ —	\$ —
- Credit Card (Name): <input type="text"/>	\$ —	\$ —
- Department Store (Name): <input type="text"/>	\$ —	\$ —
- Motor Vehicle.....	\$ —	\$ —

Alimony, maintenance, and support paid to others	\$ <u>—</u>	\$ <u>—</u>
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ <u>30.00</u>	\$ <u>40.00</u>
Other (specify) <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px;"></span>	\$ <u>—</u>	\$ <u>—</u>
<b>Total Monthly Expenses:</b>	\$ <del>1070.00</del>	\$ <del>1300.00</del>

~~1070.00~~ 840.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes

☒ No

If yes, describe on an attached sheet.

1070.00

10. Have you spent--or will you be spending--any money for expenses or attorney fees in connection with this lawsuit?

☐ Yes

☒ No

If yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Receive State Aid due to  
poverty - Food Share  
Badger CARE

12. State the city and state of your legal residence.

City

MADISON

State

WI

Your daytime phone number (ex., 4153558000):

424-488-4383

Your age:

59

Your years of schooling:

18 YEARS

Last four digits of your Social Security Number (ex., 6789):

7686